

# VA Boston Physical Medicine & Rehabilitation Service Newsletter

## Improving Access to Physical Therapy Treatment

Lincoln Lawrence, PT, DPT

Joseph Thilman, PT, DPT

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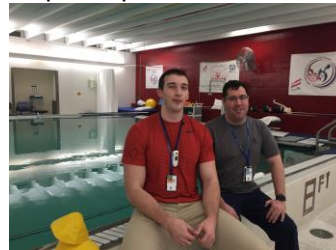
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### **Aquatic Conditioning**

On April 2, 2018 Physical Therapy launched an aquatic conditioning program in conjunction with Whole Health Programming. Aquatic conditioning was spurred from the need to increase physical fitness amongst Veterans, particularly those suffering from chronic pain. Class participants perform a series of aerobic exercises in the pool in an interval format for one hour, working at a self-selected pace. Since the inception of the program approximately 30 Veterans have participated in the program improving physical function based on personalized goals, and standardized functional measures such as the Timed Up & Go and Five Times Sit to Stand. Aquatic Conditioning meets on Mondays and Wednesdays at the West Roxbury VA pool with class times of 8:00-9:00 AM and 1:00 – 2:00PM. Interested Veterans and providers should contact the Physical Therapy Department to inquire about space availability in the class and/or to see if they are medically appropriate for participation.



### **Emergency Department Physical Therapy**

On June 4, 2018 the Physical Medicine and Rehabilitation department launched a pilot program at VA Boston to incorporate Physical Therapy services in the Emergency Department in West Roxbury. Since that time PT has evaluated 180 patients working to aid in the reduction of wait times in the Emergency Department and improve access to care for evaluation and treatment of Veterans with orthopedic and vestibular conditions. Patient safety assessment to determine a patient's appropriateness for return home is another critical piece of Physical Therapy in the Emergency Department, as it can serve to both facilitate procurement of appropriate medical equipment for a Veteran to return home safely or identify patients that require inpatient admission. Two key achievements of the program are improved access to Physical Therapy and reduction of pain medications to manage musculoskeletal complaints. As the program continues to develop we hope to see decreases in repeat visits to the Emergency Department for musculoskeletal complaints with a shift towards Physical Therapy management.

# Beyond Kegels: Pelvic Floor Physical Therapy at the VA Boston Healthcare System

PM&RS now providing pelvic floor physical therapy for female Veterans!

Christina Conley, DPT

## What is the pelvic floor and what is its function?

The pelvic floor is comprised of a group of muscles and fascia surrounded by nerves and vessels within the bony pelvis. These muscles have five functions: to support the weight of the pelvic organs and structures, to allow for sphincter control of the urethra, vagina, and rectum, to aid in sexual appreciation, to assist in posture and breathing, and to act as a lymphatic pump for the pelvic region. Dysfunction of the pelvic floor can result in an individual having problems in one or more of these areas.

## How common is pelvic floor dysfunction and how does it impact quality of life?

It is estimated that 1 in 7 women from 17-50 years old suffers from chronic pelvic pain <sup>1</sup>. Of those women, >50% were found to limit their daily activities 1-3 days per week, 25% of those women spend 2-3 days per month in bed, 90% had pain with intercourse, and nearly 50% felt sad or depressed <sup>1</sup>. Pelvic pain and abuse have been found to have clinical correlations. In a study completed by Leserman, (2005)<sup>2</sup> chronic pelvic pain correlated with a history of abuse in 48-57% of patients. With a focus on the veteran population, military sexual trauma has been reported in 20-40% of female veterans many of whom also suffer from chronic pain <sup>3,4</sup>. Furthermore, in a study completed by Bradley et al. (2012)<sup>5</sup> involving 968 female veterans, PTSD was found to be associated with urgency/ mixed urinary incontinence. And lastly, it is estimated that 24%-90% of women experience pain in the low back or pelvic region when they are pregnant and more than one third of these women continue to have pain one year postpartum <sup>6</sup>.

## What is Pelvic Floor Physical Therapy and how can it help?

Pelvic floor rehabilitation is a branch of physical therapy that is a non-surgical approach to dysfunctions in the pelvic region that can contribute to bowel, bladder, pain and sexual health complaints. Treatment methods may include manual therapies, therapeutic exercise, education, functional re-training, behavioral strategies including mediation and relaxation techniques, and modalities such as biofeedback and e-stim.

## Who can benefit from treatment?

An unexhaustive list of common pelvic dysfunction that a physical therapist may be able to address include urinary stress or urge incontinence, pelvic pain due to pregnancy, pain disorders in the pelvic region such as vulvadynia, coccydynia, dyspareunia, levator ani syndrome and vaginismus, and prolapse already fixed. For an appropriate referral, patients require a **recent pelvic exam** to assist in differential diagnosis and ensure that pelvic dysfunction is not the result of a condition inappropriate for physical therapy treatment such as infection or cancer. With an anticipated start date of January 2019, consults can be sent to the **PT department with reason for request indicating a need for pelvic floor treatment**. Please note that evaluation and treatment will only be performed at the Brockton Women's Health Department location at this time.

## What should a patient anticipate?

An initial evaluation should encompass an orthopedic examination with particular focus on the lumbar spine and hips, postural alignment, breathing patterns, and gait. An external and internal examine of the pelvic muscles is completed to assess muscle contractibility, coordination, endurance, and length. Indications for an internal pelvic muscle exam include pelvic pain, sexual dysfunction, incontinence or voiding dysfunction, prolapse, and as a baseline for an exercise program.

## Citations

1. Chronic Pelvic Pain. (2014). Retrieved July 2017 from <http://www.pelvicpain.org/docs/patients/Patient-Education-Brochure.aspx>
  2. Leserman, J. (2005). Sexual Abuse History: Prevalence, Health Effects, Mediators, and Psychological Treatment. *Psychosomatic Medicine*, 67(6), 906-915. doi: 10.1097/01.psy.0000188405.54425.20
  3. Kelly, U., Skelton, K., Patel, M. and Bradley, B. (2011). More than military sexual trauma: Interpersonal violence, PTSD, and mental health in women veterans. *Research in Nursing & Health*, 34(6), pp.457-467.
  4. Mota, N., Medved, M., Wang, J., Asmundson, G., Whitney, D. and Sareen, J. (2012). Stress and mental disorders in female military personnel: Comparisons between the sexes in a male dominated profession. *Journal of Psychiatric Research*, 46(2), pp.159-167.
  5. Bradley, C. S., Nygaard, I. E., Mengeling, M. A., Torner, J.C., Stockdale, C. K., Booth, B. M., & Salder, A. G. (2012). Urinary incontinence, depression, and posttraumatic stress disorder in women veterans. *American journal of obstetrics and gynecology*, 206(6), 502-e1.
  6. Pregnancy and Low Back Pain: Physical Therapy Can Reduce Back and Pelvic Pain During and After Pregnancy. (2014). *Journal of Orthopaedic & Sports Physical Therapy*, 44(7), pp.474-474.
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## In the Moment Well-being Group

### Michelle Remsen, LICSW

#### **In the Moment – Well-being Group**

In April 2018 a few rehab staff attended a Whole Health One Day Introduction Course. At the course, PM&RS members highlighted that rehab professionals already have naturally shared and functional goals with their Veterans. Given the pre-existing relationship that rehab professionals and Veterans have, it's a natural next step to try and connect their personal goals with the developing Whole Health Network that VA Boston has initiated.

The Aquatic Conditioning classes, led by Physical Therapists Lincoln Lawrence and Joseph Thilman, were enhanced to present Whole Health education. It was discovered that a follow up mechanism was needed so that participants had a place to learn and explore the Whole Health Concepts and develop goals. A weekly drop-in group was designed.

In the Moment is a Weekly Well-being group that explores the topics of Whole Health to include Goal setting, Mindful Awareness, Working Your Body, Recharge, Food & Drink, Personal Development, Surroundings, Family/Friends/Coworkers, Spirit and Soul, and the Power of the Mind. The program highlights participant strengths, and allows for practice of skills that support success in achieving personal goals. The group is led by Michelle Remsen LICSW, with co-leadership from Lauren Durso Whole Health Yoga and Mindfulness Instructor, and Angel Ortiz-Bultron, Whole Health Coach.

**In the Moment Well-being group** meets Mondays at 10 am -11 am in the Conference room connected to the West Roxbury Canteen (Canteen Conference Room). It is open to any Veteran who wishes to participate. During the month of December this group is on hold, but will resume on January 07, 2019.

**In the Moment Well-being group** is followed immediately with the opportunity to practice **Mindful Monday: Breathing and Relaxation Methods** presented by Whole Health Yoga Instructor Lauren Durso.

If you are a Veteran or a staff working with a Veteran who may be interested in this group or in Individual discussions related to personal goal setting/coaching, please contact Michelle Remsen LICSW. 857-203-6112

## **PM&RS Services at VA Boston**

### **A Quick Overview**

**Physiatry:** Our Physiatrists, or rehabilitation physicians, are nerve, muscle, and bone experts that treat injuries or illnesses that affect how patients' move. There are roughly four Physiatrists working in the PM&R Service at VA Boston, across the three campuses

**Physical Therapy:** Our PTs are dedicated to helping reduce pain and improve or restore mobility. There are over 30 PTs and three Physical Therapist Assistants that cover all three campuses and the Lowell Outpatient Clinic.

**Occupational Therapy:** Our OTs treat injured, ill, or disabled patients through the therapeutic use of everyday activities. There are over 15 OTs dispersed throughout all three campuses.

**Kinesiotherapy:** Our KT's are here to help evaluate and treat patients' mobility, strength, and endurance. There are two KT's and one Kinesiotherapy Assistant across the three campuses.

**Driver Training:** Our driver training program, overseen by the Occupational Therapy Department, is designed to give patients a plan to modify their driving skills based on need. They work with a variety of medical conditions that include, but are not limited to, amputation, stroke, and spinal cord injury.

**Wheelchair Clinic:** Wheelchair clinic offers a comprehensive evaluation process to provide patients with the most appropriate wheelchair and seating option that will improve their access to home and community.

**Inpatient Acute Rehabilitation program at West Roxbury Campus:** An interdisciplinary inpatient rehabilitation program for Veterans with medical, neurological, orthopedic, cardiac, and vascular conditions. This 5-bed inpatient program is located at the West Roxbury Campus. This program is formally called the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Admission Criteria includes:

- Onset of injury, medical or surgical event resulting in the need in at least two therapeutic disciplines, (e.g. physical therapy, occupational therapy, speech therapy, pain management, wound care, and/or cognitive rehabilitation). The onset is within the past ninety days unless complicating factors exist.
- Veteran has specific functional improvement goals with a projected time frame;
- Veteran is medically stable for at least 24 hours and can actively and safely participate in the rehabilitation program (2-3 hours daily; 6-7 days per week);
- Veteran agrees to participate in rehabilitation and;
- Discharge setting is either to prehospital living setting or alternative living options have been identified with necessary support systems in place.

If you are interested in this program, please contact Michelle Remsen, Social Worker: (857) 203-6112

## **PM&RS Services**

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### **INPATIENT SERVICES**

West Roxbury Inpatient  
Rehabilitation  
Department  
(857) 203-5117

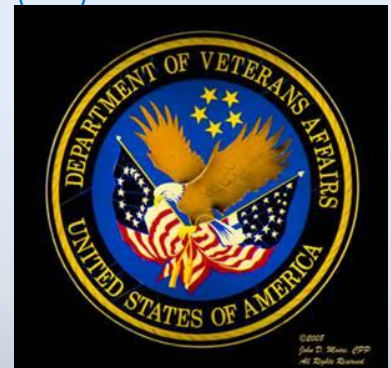
### **OUTPATIENT PM&R CLINICS**

West Roxbury  
(857) 203-5117

Jamaica Plain  
(857) 364-4964

Brockton  
(774) 826-3124

Lowell  
(978) 671-9000



## **Acute Rehabilitation Program Report Card**

Veteran Outcomes for the Acute Rehabilitation Unit, West Roxbury Campus  
April 1, 2018 through June 30, 2018

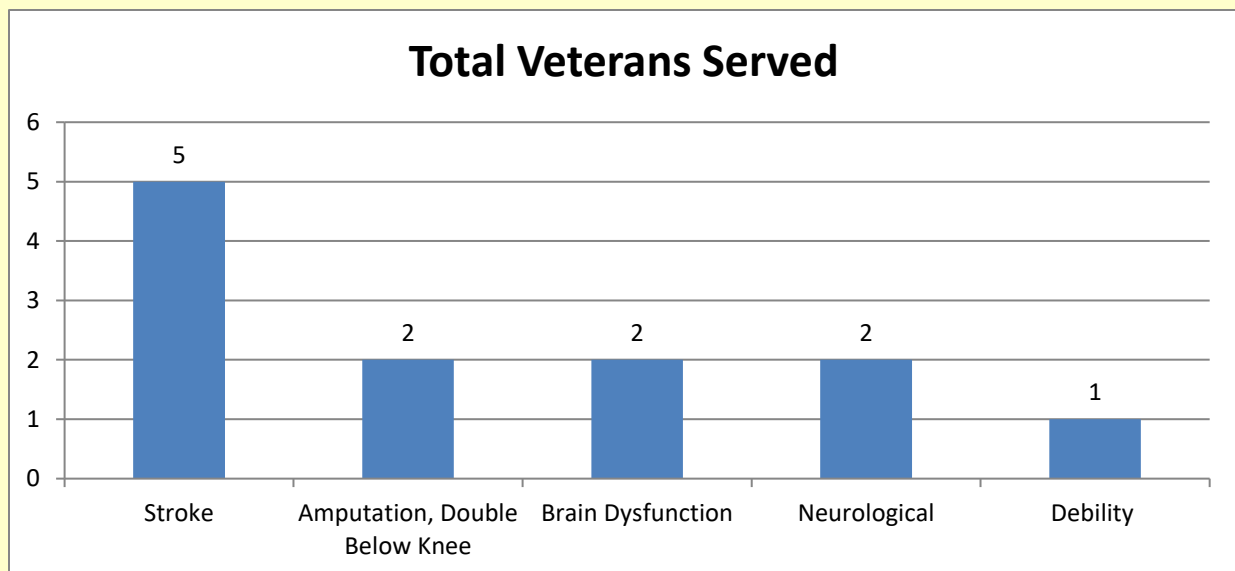
### ***What are the number and characteristics of your patients?***

**From April 1, 2018 through June 30, 2018, 12 Veterans** participated in our comprehensive inpatient rehabilitation program at the West Roxbury Campus.

- Average Age: 69 years old
- Sex:
  - 100% Male
- Ethnicity:
  - 83% White
  - 17% African American
- Employment Status
  - 17% Employed
  - 83% Retired

### ***What types of diagnoses do you treat/see on your rehab unit?***

Their diagnoses are noted in the chart below.



### ***Where were your 12 Veterans admitted from?***

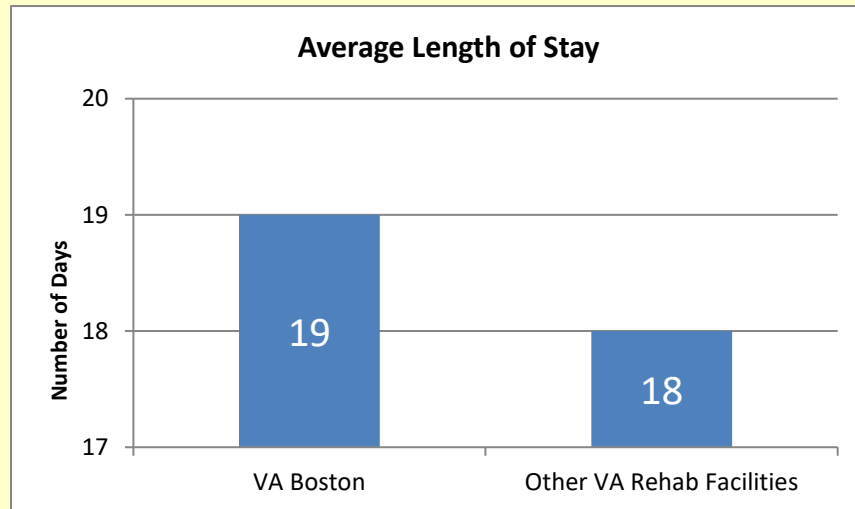
- 10 admitted from home/community
- 2 admitted from long term care facilities

### ***Where did your 12 Veterans discharge to?***

- 7 discharged to home/community
- 2 discharged to subacute rehabilitation units
- 1 had unplanned discharge to acute care in West Roxbury VA
- 2 discharged back to their previous long-term care facilities
- 0 expired while on the unit

### ***How long do people stay in the program?***

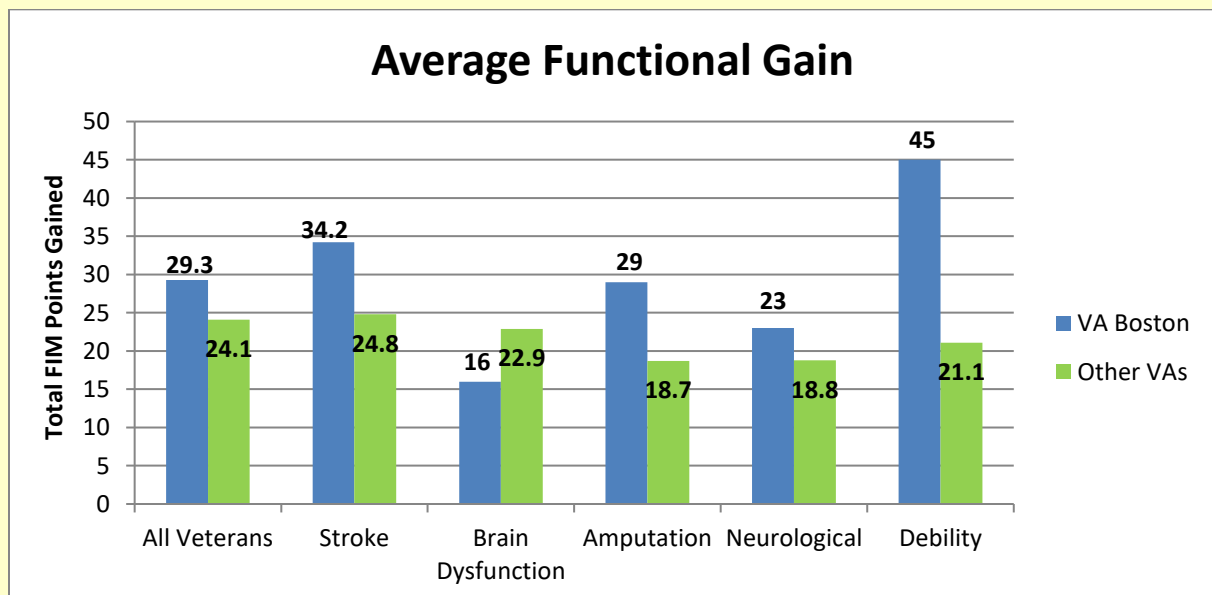
Veterans spent, on average, 19 days in our acute inpatient rehabilitation program. Length of stay can vary greatly and depends on each Veteran's needs, goals, and associated complications or pre-existing problems. During this timeframe, length of stay on our rehab program was 1 day longer than Other VA Acute Rehab Facilities.



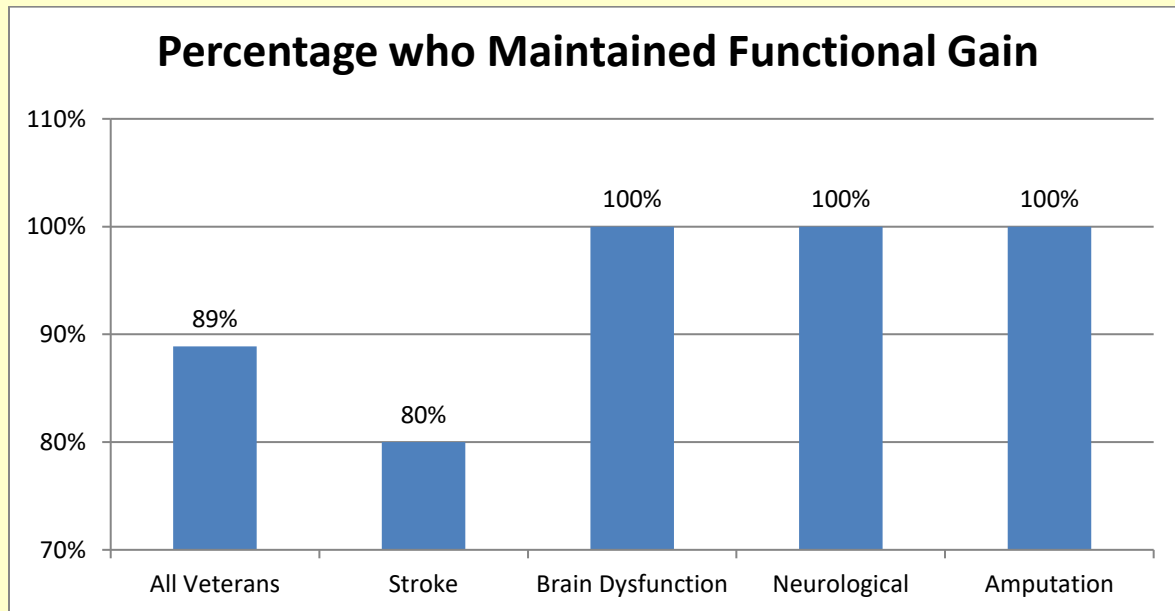
***What are the outcomes of your program?***

Our program evaluates the quality of services provided on an ongoing basis and in many cases, we can compare our performance to similar VA Programs across the county.

**Change in Veterans' Functional Independence Measure (FIM) scores from admission and discharge.** As you can see below, Our Veterans gain independence in their mobility and function and in most cases, our results exceed that of other VAs.



**Maintaining Functional Gain:** 90 Days after discharge, we conduct follow-up with Veterans to ensure the progress made during their rehabilitation stay is maintained. Sometimes, we are unable to connect with our discharged Veterans. This quarter, we obtained results from 9 of the 12 Veterans. Our goal is for 85% of our discharged Veterans to maintain the functional gains achieved during rehabilitation. As you can see in the chart below, VA Boston met our goal for all groups except the stroke group.



**Veteran Satisfaction:** Our program used a paper feedback form that Veterans were asked to complete at discharge. Our goal was to have overall satisfaction of 90%. Of the 9 respondents, you can see in the chart below that we surpassed this goal.

1. The staff gave you opportunities to ask questions.	100% (9/9) Strongly Agree
2. Your medical team answered all your questions.	100% (9/9) Strongly Agree/Agree
3. How would you rate the amount of information you were given by the doctor about what to do after leaving the hospital?	100% (9/9) Excellent
4. How would you rate how well nurses and other health professionals listened to you?	100% (9/9) Excellent
5. How would you rate the overall quality of care and services you received while on the rehabilitation unit?	100% (9/9) Excellent
6. Did you feel you were at risk for falls or injury at any time during your stay on the rehabilitation unit?	<ul style="list-style-type: none"> <li>• 7 Veterans- Never</li> <li>• 1 Veteran – Rarely; “due to my condition and tile floors”</li> <li>• 1 Veteran - Sometimes</li> </ul>



**Acute Rehab Patient Satisfaction Survey - Free Text Comments**  
**April 1, 2018 through September 30, 2018**  
**FY 2018**

**What did you find helpful/positive during your rehabilitation stay?**

- “met many staff and aides would will be excellent nurses in the future”
- “helped me meet my goals”
- “positive reinforcement from many individuals. Kindness and understanding”
- “Staff was very helpful”
- “The time everyone gave to me to get my independence as a double amputee”
- “Care of personnel, attention give”
- “The staff is awesome”

**What suggestions do you have to improve services and care?**

- “I think you are doing very well. No complaints”
- “Just keep doing what you’re doing. The Physical Therapy and Occupational Therapy team are the best I ever used. All were incredibly caring team”
- “none, doing a great job”

**Please share any additional comments or concerns:**

- “food was good and on time, cleanliness”
- “Always love the VA”
- “I am sincerely appreciative of your staff. This rehab has been very useful and needed. Bless you all”
- “My stay here was very comfortable!! I felt the highest regard for all staff members! Everyone I was in contact with treated me with dignity/respect.”
- “All Doctors, Nurses, nurse assistant were phenomenal. I will be sad to leave the team on the rehab floor but happy to leave with all the mobility to walker. Will never forget you”
- “love home, this is not bad”
- “I received better care than private hospital. Thank you”
- “Everything was A+ here from information to everything the staff did. Keep up the good work for vets. Thank you very much.”



## VA Boston Neurologic Physical Therapy Residency Program

Jayna Rogers, PT, CCCE



**Lindsay Beatty PT, DPT**  
**PT Neuro-Resident 2018-2019**

The Physical Medicine and Rehabilitation Department is proud to welcome Lindsay Beatty PT, DPT as our third resident in the Neurologic Physical Therapy Residency Program. Lindsay, originally from Pennsylvania, is a graduate from Ithaca College in New York. She has past professional clinical experience in inpatient rehabilitation, namely with stroke and brain injury. Lindsay is LSVT Big certified and is a Certified Brain Injury Specialist (CBIS). She began with us just before Thanksgiving and has been acclimating to Spinal Cord Injury floor in West Roxbury.

Like past PT residents, Lindsay will collaborate with mentors at all three campuses to experience the full spectrum VA Boston has to offer in the neurology field. She will participate in both Inpatient and Outpatient SCI, Vestibular Rehab, ALS Clinic, Acute Care and CIIRP. Later this winter, Lindsay will participate in the Simmons University Neuro Labs as a Teaching Assistant. In the fall, Lindsay will travel one day per week to the Perkins School for the Blind in Watertown, MA. As residency is comprised of not only clinical learning, Lindsay will present staff in-services and work closely with clinical students as presenter and moderator of the student journal club.

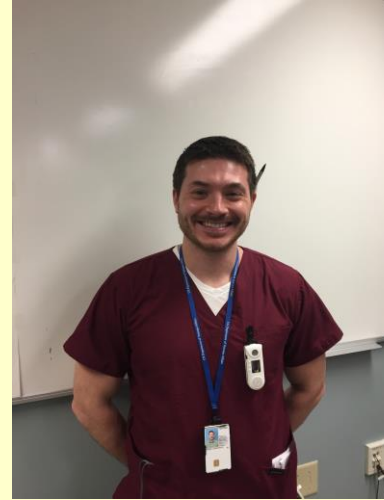
In her free time, Lindsay enjoys doing triathlons and experiencing the great outdoors through hiking and camping.

## PM&RS New Staff 2018

**Danielle Mortorano PT, DPT**  
Jamaica Plain



**Jonathan Venne PT, DPT**  
West Roxbury



**Kara Sullivan, OTR/L**  
West Roxbury



**Valeria Rosario Nivalda Barros**  
AMSA Brockton



## Congratulations on Certifications

Congratulations PMRS for our CARF Accreditation for  
The next three years!!

**Kathryn Foy PT, DPT, Geriatric Clinical Specialist** obtained her **Wound Care Certification** through The National Alliance of Wound Care and Ostomy.

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